

NURSING IN SOUTH AFRICA.

The *South African Nursing Journal* reports in its February issue the half-yearly meeting of the South African Medical Council, held in Johannesburg, which controls the Registration of Nurses in South Africa, in our opinion an obsolete arrangement although "The Nurses, Midwives and Masseurs Education, Examination and Registration Committee" deals with much of the nursing business, such as the Syllabus for Preliminary Examination for medical and surgical nurses, Training Schools, etc.

ESTABLISHMENT OF A NURSING COUNCIL.

At the recent meeting, the Committee reported that it had received a letter from the Secretary for Public Health, forwarding a letter from the Organising Secretary of the South African Trained Nurses' Association petitioning for the establishment of a Nursing Council or Board in South Africa, and referred the matter to the full Council, at which discussion followed at length, in the course of which it was pointed out that some of the statements made in the letter of the South African Trained Nurses' Association were incorrect and misleading.

It was resolved that the Secretary for Public Health be informed that the Council was unanimously of opinion that it was not in the best interests of either the public or of the medical or nursing professions that a separate nursing council or board be instituted, and that the Executive Committee be requested to reply fully to the various arguments put forward by the Association in favour of the establishment of such a council or board.

We have no doubt the South African Trained Nurses' Association will be able to advance very cogent reasons for the establishment of a Nursing Council in South Africa, and we hope it will petition that such a council shall be composed of Registered Nurses only. It is high time that all professions shall be self-governed. Conjoint and lay control is bringing the nursing profession in England into servitude and contempt, and should the recommendations of the Inter-Departmental Committee on Nursing Services, supported by the College of Nursing, be thrust through Parliament to register untrained nurses, nursing in this country must inevitably sink to pre-Nightingale conditions.

THE RED CROSS CLINIC FOR RHEUMATISM.

The ninth Annual Report of the British Red Cross Society's Clinic for Rheumatism, at Peto Place, Marylebone Road, N.W., again records a full measure of activity during the daily sessions from 8.30 a.m. to 9.30 p.m. There has been a total of 96,552 attendances with 146,458 treatments.

The Clinic was the first milestone in the present campaign against rheumatism, its value as a centre for treatment and research is fully recognised. It is regretted that the financial situation has not improved and there is again a considerable deficit on the year's working.

Sir Arthur Stanley, Chairman of the General Committee, states that discussions are now taking place from which, if they are successful, the patients and the Clinic will derive much benefit, and a much larger measure of support is needed if it is to maintain and extend its work for the benefit of all workers and to reduce the burden of rheumatic diseases.

It is recorded with satisfaction that the number of patients seeking early treatment continues to increase. Full advantage is taken of the evening sessions which are provided that patients may receive treatment while continuing at work.

The work of the Specialists' Department is invaluable, co-operation between physician and specialist being essential to the solution of many problems of rheumatic diseases.

THE TREATMENT OF ALLERGY.*

BY ROBERT CHOBOT, M.D.

The nurse plays an important role in referring the allergy patient to proper medical care and helping the family carry out the physician's instructions.

In the course of her day's work, the public health nurse sees a great deal of allergy,† diagnosed and undiagnosed, treated and untreated. It is of the greatest importance that she be able to recognise it, and that she understand thoroughly the principles underlying its treatment.

The most common of the allergic conditions are asthma, hay fever, and infantile eczema. In the case of asthma the diagnosis will frequently have been made by a physician long before the nurse sees the case. Asthma is a condition characterised by difficulty in breathing, or more specifically by the inability of the patient to exhale readily. Exhalation is accompanied by many wheezing and whistling sounds in the patient's chest, frequently audible several feet away. It is important to remember that asthma can occur in infants as well as in adults and the aged. The causes of asthma are many and various, and the cause must be determined before any treatment can be instituted; for this, medical aid is indispensable.

For the immediate relief of the acute attack, hypodermic injections of adrenalin are given. The technique of injections can readily be taught to some member of the patient's family; but they should always be given under the direction of a physician so that the dosage and frequency of injections may be controlled. It must, however, be borne in mind that adrenalin is a temporary measure, granting only symptomatic relief. The patient may soon become accustomed to it and develop a condition of tolerance to it, whereupon the treatment is no longer effective. For this reason it is imperative that the underlying causes of the asthma be found and treatment instituted.

We know that when various substances such as house dust, cat and dog hair, timothy and ragweed pollen, or any one of a number of other substances are introduced in solution form into the skin of a sensitive person, there appears at the site of injection a wheal with pseudopods which indicates a constitutional sensitivity. This fact is the basis for skin testing, and allergic patients must be tested to determine the cause of their trouble.

Once the cause of trouble is ascertained, treatment depends on the possibility of complete removal of contact with the offending substances. If this is feasible—as in a case of sensitivity to dog hair, where the dog can be removed—no further treatment is indicated. However, in many cases, immunising injections must be resorted to because the offending substance cannot be conveniently removed—as in the case of ragweed pollen.

REMOVE OFFENDING SUBSTANCES.

The public health nurse should be aware of the fact that substances in the patient's environment may be extremely important causes of his asthma. She may perform a valuable service in the investigation of such substances in the home. It is not uncommon to find pillows stuffed with rabbit hair or some other symptom-causing substance in homes. Should the patient be sensitive to this substance, removal of the pillow is immediately indicated. Likewise, mattresses stuffed with cotton containing the husks and hulls of cottonseed are frequently a cause of trouble. Other causes may be the orris root used in cosmetics and powders; and the hairs of cats, dogs, and other animals. It is not at all uncommon for some patients to use insect-

* Reprinted from *Public Health Nursing*.

† A definition of allergy appears on page 105.

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